



Child Protection Team Medical Provider (CPTMP) Certification APPLICATION

Directions: This is a two-part form for people applying for the Certified Child Protection Team Medical Provider (CPTMP) credential. This credential meets the legislative requirements of Section 39.303(2)(b), Florida Statutes.

Eligible applicants have been identified by the Florida Department of Health’s Child Protection Team. Applicants must create an account in FCB’s online system. After creating the account, complete Part 1 a- d of this form and submit it to the Child Protection Team Bureau Chief (CPTSATPApproval@flhealth.gov) to complete Part 2 and submit to FCB on your behalf. Within no more than two business days from receipt of the complete form from CPT, the FCB will contact you by email (at the address entered in section 1a below) with directions to schedule your exam and complete the credentialing process. If you have any questions, please contact the FCB at 850-222-6314 and ask to speak with a Certification Specialist.

Section 1A—D: To be Completed by the Applicant

A: FCB Certification System Account. The FCB cannot process any documents until you establish an account in FCB’s online certification system. Provide requested information EXACTLY as it is associated with your FCB account.

Full Name (as stated on your official, government issued identification)

Email Address

For FCB Use Only: Account Verified? Yes No

B: Current Employment and Qualifications

I am currently employed with the Florida Department of Health Child Protection Team and have been identified by my employer as eligible for CPTMP certification application. Yes No

I hold the following valid State of Florida credential(s):

- Board Certified Pediatrician
- Board Certified Advanced Practice Registered Nurse (APRN)
- Other (Eligibility will be verified by DOH):

C: Exam Confidentiality Agreement

It is critical that all certification candidates are aware of and follow the FCB’s exam confidentiality policies. These policies are specifically designed to protect the integrity and confidentiality of FCB exam instruments before, during, and after the examination process. All candidates and certified professionals are bound by these policies.

The FCB Exam Confidentiality Policy is maintained online at www.flcertificationboard.org/policy-procedure -- it is the applicant’s responsibility to download, read, and follow this policy. Penalties for violating this policy can include nullification of all exam scores, nullification of all previously earned credentials, a lifetime ban on all future certification application and examination opportunities, and potential legal action. The FCB reserves the right to sanction offenders at its sole discretion based on the severity of the offense. You must initial your acknowledgement and/or understanding of each of the following statements.

I acknowledge that I have read the FCB Exam Confidentiality Policy and will be responsible to protect the confidentiality of FCB exam items and the integrity of FCB exam instruments by following the policies therein.

Initial → _____



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C: Exam Confidentiality Agreement continued

I acknowledge that I have read and understand the obligations, duties and responsibilities described in the Candidate Conduct section of the FCB Exam Confidentiality Policy and will not participate in any conduct identified as cheating before, during, or after the exam administration.

Initial → _____

I acknowledge my responsibility to report allegations of cheating or other misconduct to the FCB.

Initial → _____

I acknowledge that penalties for violating the FCB Exam Confidentiality Policy may result in disciplinary and/or legal action by the FCB.

Initial → _____

Part 3: Assurance and Release.

I give my permission to the Florida Certification Board (FCB) and its staff to investigate my background as it relates to statements contained in my online account and this application. I understand that intentionally false or misleading statements or intentional omission shall result in the denial or revocation of certification. I consent to the release of information contained in my application, certification record, or other pertinent data submitted to or collected by the FCB to officers, staff, and members of the Board of Directors and its Advisory Boards, Councils and review committees.

I further agree to hold the FCB, its board members, employees and examiners free from any civil liability for damages for complaints by reason for any action that is within the scope of the performance of their duties which they may take in connection with this application and subsequent examinations and/or failure of the FCB to issue certification.

I understand that provisional certification is a designation of early competency, and I am expected to seek out and respond to intensive supervision during my provisional certification period. I further understand it is my responsibility to ensure that I complete all on-the-job supervision and work experiences necessary for full certification and that I will apply for such at least 30 calendar days before my provisional certification expires.

I hereby affirm that the information provided for this application is correct and that I believe that I am qualified for the level of certification for which I am applying.

Signature (FCB accepts both manual and electronic signatures)

Date



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Section 2: To be Completed by the Child Protection Team (CPT) Bureau Chief or Designee

Applicant Eligibility Attestations. To streamline the certification application eligibility verification process, the FCB accepts attestations that specified requirements were verified during hire and records will be made available to FCB in case of audit.

1. The applicant is currently employed in an eligible Department of Health Child Protection Team Medical Provider position. Yes No

2. The applicant has been employed in the current position for a minimum of 1040 hours (six months of full-time employment) prior to application for CPTMP certification. Yes No

3. The applicant passed a Level 2 Background Screening or was granted a waiver from disqualification by the State and is eligible to work with the target population. Yes No

4. The applicant holds the following credentials in good standing (check all that apply):
 - Board Certified Pediatrician
 - Board Certified Advanced Practice Registered Nurse (ARPN)
 - Other credential approved by CTP: _____

5. The applicant is approved by the CTP Bureau Chief to continue the credentialing process and register for the exam. Yes No

6. Records to support the attestations made herein are maintained in the Child Protection Team and will be made available to FCB in case of audit. Yes No

By my signature, I attest that the information reported on this form is true to the best of my knowledge.

Name (Printed)

Position Title

Signature (FCB accepts both manual and electronic signatures)

Date